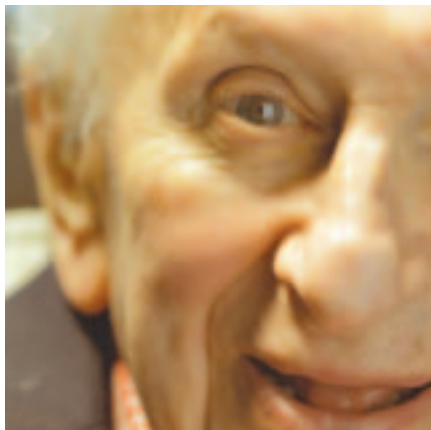


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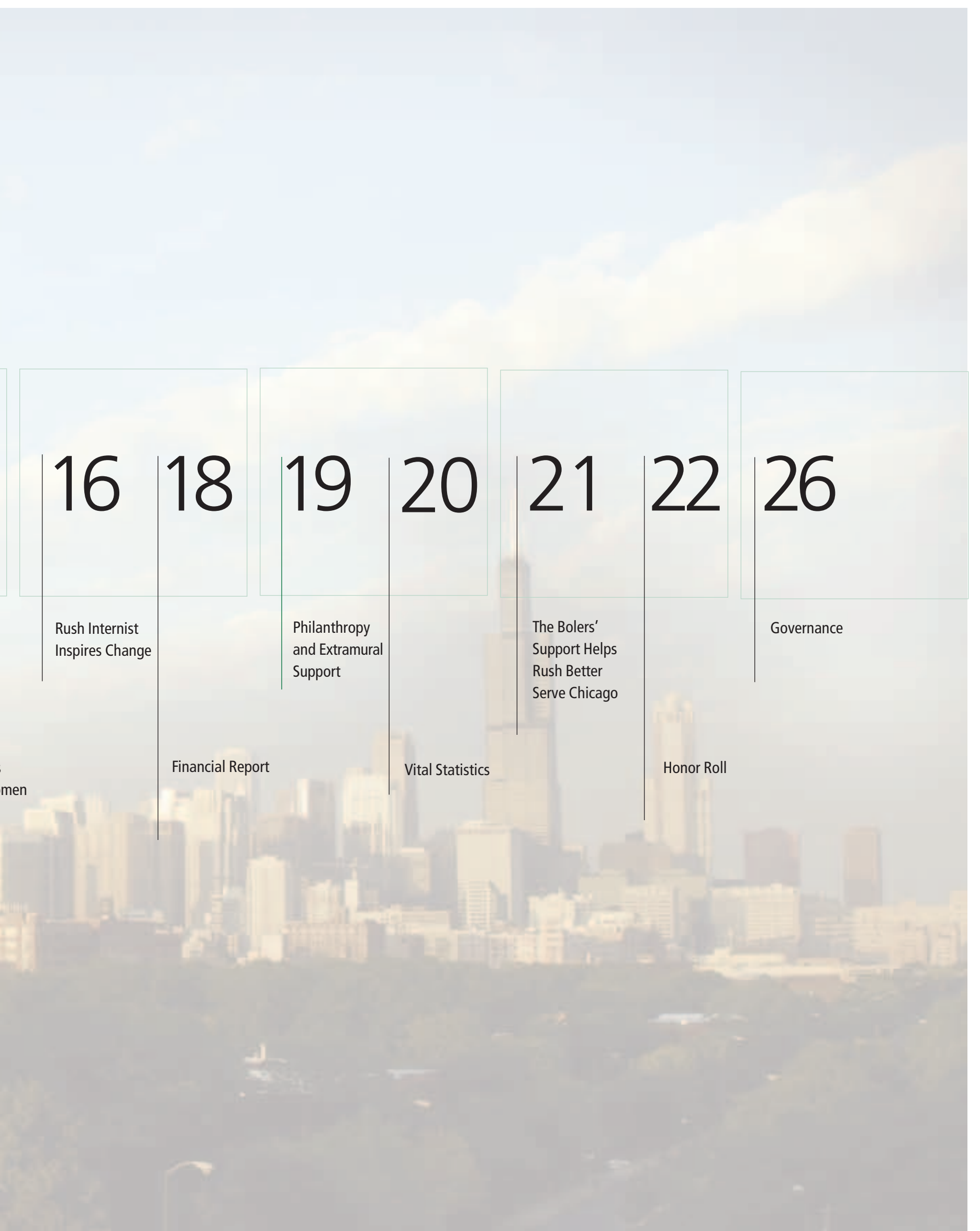
RUSH IS CHICAGO.



RUSH HAS BEEN PART OF THE CHICAGO LANDSCAPE LONGER
THAN ANY OTHER HEALTH CARE INSTITUTION IN THE CITY.

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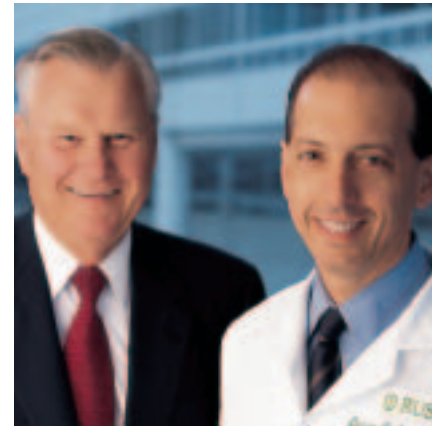
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Letter From the President and CEO, and the Chairman of the Board

Rush is Chicago. What do we mean by such a bold statement?

We could start by talking about our long-standing commitment to the city. With a history going back to 1837, Rush has been part of Chicago longer than any other health care institution. During that time, we have set the standard for care in this city and beyond.

Today, Rush continues to set standards in health care. We are the primary academic partner of the John H. Stroger Jr. Hospital of Cook County, with which we collaborated to create the Ruth M. Rothstein CORE Center, the nation's first outpatient facility dedicated to treating people with HIV/AIDS. We continue to work with the county and with the University of Illinois Medical Center on important initiatives such as efforts last fall to coordinate the local medical response to Hurricane Katrina. And, recently, Rush was named one of the nation's top-performing hospitals by the University HealthSystems Consortium, an alliance of 92 academic medical centers dedicated to helping its members improve clinical and operational performance.



You can read more about this magnificent honor in the "Highlights" section of this report. We are especially proud to have received the highest score of any academic medical center — 100 percent — for the equity of care we provide. Behind that perfect score are thousands of patients who can count on receiving the same excellent care regardless of their gender, ethnicity or socioeconomic status.

We can also point to our relationships with some of the people and institutions that make this city great. This annual report tells just a few of those stories. There's the celebrated writer and oral historian Studs Terkel, still going strong at 93 in part because of care he received at Rush. There's the rebirth of Chicago's West Side, where Rush has and will continue to play a part in its changing landscape. Our multimillion-dollar building project that many of you have already heard about — and which you will read more about in this report — represents a significant part of that story. And, of course, we are the preferred medical center and home to the team physicians for the Chicago Bulls and the World Champion Chicago White Sox.

But, ultimately, when we say "Rush is Chicago," we mean something more essential about the character of our institution. Serving the Chicago community is at the core of our mission. Over the years we have drawn strength from this community — and it is our great privilege to give back to it. Our expansion project will transform Rush into a national model for the next generation of health care. Our investment in that effort is an investment in Chicago as much as it is in the future of medicine. It is an investment in the city we have been a part of for almost 170 years and, most important, in the people of that city.

Larry J. Goodman, MD
President and CEO

Edward A. Brennan
Chairman of the Board



RUSH IS CHICAGO.

Studs Terkel Writes Chicago.

THERE ARE FEW MORE FITTING ICONS FOR THE “CITY THAT WORKS” THAN STUDS TERKEL. WEEKS AFTER UNDERGOING A COMPLICATED OPEN-HEART PROCEDURE AT 93, TERKEL WAS FLYING OUT TO NEW YORK TO PROMOTE HIS MOST RECENT BOOK.

Working hard is nothing new to Terkel, who has been in the public eye for more than half a century: hosting a radio and a TV show, publishing more than a dozen books, winning the Pulitzer Prize and never shying away from sharing his political beliefs. During his long career, Terkel has given a voice to the celebrated but mostly the uncelebrated. Helping him pursue his life's work well into his golden years are doctors and other health care professionals at Rush who work hard for him and for many other older adults wanting to lead healthy, active lives.

In one way or another, Rush has been behind Terkel for almost a lifetime. From the West Side rooming house his parents operated on Flournoy Street — not far from what was then Presbyterian Hospital (which is part of the Rush campus today) — young Terkel saw people whose lives didn't make the papers, whose lives perhaps weren't heading in the direction of their dreams.

Support When It Mattered Most

Although he eventually left this West Side neighborhood, Terkel and his family returned to what is now Rush for their health care needs throughout the years. Wanting to avoid the fate of his father and two brothers, who died in their mid-50s of heart disease, Terkel kept sublingual nitro pills at the ready for decades, using them whenever he felt the twinges of angina. Finally, at 88, he underwent quintuple bypass at Rush on the advice of his cardiologist at



“I mark Rush an A+,” says Terkel, a few months after his surgery. “Now I’m off to New York to promote my book, *And They All Sang.*”

Rush, Joseph Messer, MD, and longtime internist, Quentin Young, MD.

Terkel came back to Rush for rehab following a fall in July 2004. “I fell down the stairs doing a tour jeté,” says Terkel. “Only I didn’t land en pointe. I landed on my head. It was like a Bob Fosse-choreographed number because it was jazzy.”

The fall left him with a fractured neck and two slipped vertebrae with significant kyphosis, or abnormal curvature of the spine. Terkel underwent an anterior cervical discectomy fusion at age 92 to correct the problem.

Remarkable Recoveries

Making a full recovery from surgery at 92 is remarkable. Making a full recovery at 93 is extraordinary. But that’s just what Terkel did in August 2005.

An echocardiogram earlier in the summer revealed an aortic valve that was severely narrowed. “It was down to 0.6 of a centimeter,” says Marshall Goldin, MD, a cardiovascular surgeon at Rush. “I usually recommend surgery at one cen-

timeter. Without the surgery, he likely would have died in six months.”

For many older adults, the natural complications that arise with age — increased risk for heart attack, stroke, lung or kidney failure — make surgeries more risky propositions. So they’re often forced to choose between pain and a poor quality of life or surgery with a more uncertain outcome.

Fortunately, surgery among the older population is becoming more frequent with advancing technology and the experience of world-class physicians like those found at Rush. In fact, more than 20 percent of coronary artery bypass surgeries at Rush involve patients older than the age of 70. Still, the risks cannot be ignored. Goldin, Terkel's son, Young and Messer discussed the risks frankly with Terkel.

In the end, the decision came down to two things: his love of life and curiosity.

Working Again

Terkel remembers being wheeled out on a gurney and Goldin

saying, "It's over." "You mean I'm dead?" Turkel asked. "No, the operation is over. It was a wonderful success," said Goldin.

"I mark Rush an A+," says Terkel, a few months after his surgery. "Now I'm off to New York to promote my book, *And They All Sang*."

And with that, the man known all over the "City That Works" continues his own life's work, to grace us with the voices of the voiceless and, with his latest work, the songs of singers.

Older Adult Services at Rush

Ask Martin Gorbien, MD, about Studs Terkel and a smile immediately comes to his face — but not for the reason you might think. It's not because Terkel is famous, a true Chicago icon. It's because he and Terkel worked together to celebrate the Johnston R. Bowman Health Center's 25th anniversary a few years ago, and for a lecture Terkel gave at the annual meeting of the Gerontological Society of America.

Gorbien and his fellow geriatricians at Rush — primary care physicians who specialize in the aging process — help older adults get the most out of their own aging processes by providing comprehensive, compassionate care for people who are healthy and want to remain so as long as possible, as well as those who need more intensive care. Plus, they genuinely enjoy taking care of older adults, getting to know them and their families and being part of their lives.

Rush has long been a resource for Chicago's older adult community. The Johnston R. Bowman Health Center opened 28 years ago, providing inpatient recovery and rehabilitation services, with access to the full services of the Medical Center. Last fall, the Anne Byron Waud Patient and Family Resource Center celebrated its fifth anniversary. The Waud Center has helped more than 15,000 older adults and caregivers get the answers they need to make the most of the aging process. And more recently, Rush launched RUSH Generations, a free health and aging membership program for older adults and caregivers.



In addition, older adults have the reassurance that specialists and subspecialists for virtually every type of disease or illness are all right on the Rush campus.

With such a strong commitment to older adults, it's little wonder that the geriatrics program at Rush consistently ranks among the best in the nation by *U.S. News & World Report*. That's because geriatricians at Rush pay attention to the details: coordinating the many services people need to live more fulfilling lives as they age. Even the offices are designed with older adult needs in mind: from hand rails along the hall to wheelchair accessible entrance doors, waiting rooms and weight scales, to exam tables that are lower to the ground.

A YEAR OF HIGHLIGHTS FY2005

PERFORMANCE REVIEW: RUSH RECEIVES RAVES

Simply the best. The highest honor Rush received in 2005 was being named one of the nation's "top-performing hospitals" by the University HealthSystems Consortium (UHC), an alliance of nearly all U.S. academic medical centers that offers its members specific programs and services to improve clinical and operational performance. In 2005, UHC conducted a special quality and safety benchmarking study of 79 member institutions that was designed to identify the organizational and cultural factors that contribute to superior patient care. The study was completely objective, based on data measuring patient safety, mortality, efficiency and equity of care. After a rigorous review and a site visit by a UHC survey team in July, Rush emerged as one of five top-performing hospitals, placing Rush in the top one percent of UHC member institutions, which includes Brigham and Women's Hospital and the Mayo Clinic.

Rush ranks #1 in equity of care. Reaffirming Rush's mission of providing the very best care for all patients, Rush earned the highest score in the study — 100 percent — for "equity" of care. That means patients who come to Rush receive the same quality of treatment and have the same outcomes regardless of their gender, ethnicity or socioeconomic status. Rush's perfect score was well above the study group's median score of 85.7 percent.

The right treatment the first time around. The UHC study also revealed that Rush is treating patients effectively. Rush ranked 12th in "effectiveness" of care with a score that was three percentage points higher than the median. During the study, UHC looked at the readmission rates within 14 days of certain surgical procedures and at the percentage of patients treated for heart attacks, congestive heart failure and pneumonia who received the proper — and complete — treatment protocols for their conditions.

Saving lives, one patient at a time. To measure mortality across each institution, UHC did a comprehensive review of numerous clinical services — including cardiology, cardiovascular-thoracic surgery, neurology, neurosurgery, orthopedics, pediatrics, gynecology, general medicine and general surgery — and looked at mortality rates for several specific diseases and procedures. Rush had one of the lowest patient mortality rates among UHC member institutions, ranking eighth.

Putting patients first. The UHC study estimated that if a middle or average performing hospital made the improvements necessary to become a top-performing hospital like Rush, about 150 lives would be saved each year. "Top-performing hospitals have made it clear that they are in the business of caring for patients," UHC said in a published report. "Quality care delivered in a safe and reliable manner is how top-performing organizations support their 'patients first' mission. All UHC members are concerned about quality and safety, but the top performers focus on the issue with a singular intensity."

RUSH IS CHICAGO.

John Fier Works for Chicago.



AS A PARAMEDIC FOR THE CHICAGO FIRE DEPARTMENT, SOUTH SIDER JOHN FIER HAS HELPED SAVE COUNTLESS LIVES. BUT IN FEBRUARY OF 2005, IT WAS FIER WHO NEEDED SAVING.

On a cold winter morning, John Fier received a terrifying reminder of the day, 30 years ago, when he lost his father to a stroke. Lying in bed, Fier felt spasms in his legs and the room seemed to spin around him. "It was like I had been drugged, but I tried to convince myself that it was nothing to worry about," he says. "So I got dressed and headed for the firehouse." When he arrived, his coworkers saw that Fier's face was pale and drawn; they knew something was wrong. After taking his blood pressure, which was frighteningly high, they drove Fier to Rush's emergency department where doctors promptly ordered imaging tests of his brain and arteries.

John Fier was 53 years old — the same age as his father when he died — and he was experiencing warning signs of a stroke. But unlike three decades ago, there was technology to diagnose and treat this condition.

Advanced Technology Pinpoints Problem

Endovascular neurosurgeon Demetrius Lopes, MD, ordered a diagnostic test known as NOVA, which combines magnetic resonance technology with special software that allows doctors to measure the blood flow within a vessel. "Rather than producing just a picture," Lopes says, "it gives us a number that measures blood flow to help us better assess a patient's condition." Rush was among the first in the state to have this imaging device, a device that helped Lopes determine that John Fier had intracranial stenosis; the basilar artery leading to his brain was 95 percent blocked by fatty deposits that had built up on the inner walls of his artery. If left untreated, Fier's condition could lead to a stroke.



The standard course of treatment for intracranial stenosis: medications to help increase blood flow. But, according to Lopes, medications only give patients like Fier a 12 percent chance of avoiding a future stroke. And traditional brain surgery, in which surgeons drill through a patient's skull, was not an option because of the location of the blockage. Lopes and his colleagues were confident that they

could improve Fier's odds. How? By using a device commonly reserved for heart patients.

Applying Lessons Learned Elsewhere

For years, cardiologists and cardiac surgeons have accessed blocked arteries near the heart by threading catheters through blood vessels found in the leg or groin area to the problem area. Once the site of blockage is reached, they use the catheter to place a stent in the artery. The stent widens the artery and allows blood to flow more freely.

This approach has been successful in patients with cardiovascular disease and has proven a very appealing alternative to doctors hoping to unclog blood vessels near the brain. The problem: finding a stent small and flexible enough to navigate the fragile, narrow blood vessels leading to the brain.

Fortunately for John Fier, Rush had such a stent and an experienced surgeon. Lopes performed a successful procedure to restore blood flow to Fier's brain, or as Fier puts it: "They Roto-rootered my clogged drain." Since doctors didn't drill a hole through Fier's skull to access his brain region, he returned home in a matter of days to his wife Pam, a teacher in the Chicago Public Schools.

"What happened with John really illustrates a great moment in medicine, when everything comes together," Lopes says.

Right Place, Right Time

John Fier was among the first patients to benefit from doctors using a stent in the brain to prevent a stroke. More will soon follow when the FDA fully approves the first stent designed specifically for intracranial use, with Rush being the first to offer the stent to its patients.

The technology that helped save Fier's life couldn't help his father 30 years ago, because it didn't yet exist. But Fier's success story is more than just about being at the right place at the right time. "What happened with John really illustrates a great moment in medicine, when everything comes together,"

Lopes says. "We had a better understanding of the disease process, we had new imaging technology to clearly and accurately identify the problem and we had the devices and know-how to treat it."

In November of 2005, Rush was the first site in Illinois to use the first stent specifically designed for use in the brain. Rush was selected because of its vast experience in neurovascular procedures.

Students Collaborate to Provide Health Care to Chicagoans

Like John Fier, many Rush University students dedicate themselves to Chicagoans in need. Last spring, students showed their commitment to the community when they volunteered their energy and unique talents in a large-scale effort to bring better health care to West Side residents.

On May 21, 2005, more than 400 children and adults from the near West Side received free health screenings at the United Center thanks to a partnership among the United Center, the Salvation Army and RU Caring — a program at Rush University. Modeled after the Rush Community Services Initiatives Program in the Rush Medical College, RU Caring brings together students from all disciplines, providing them the opportunity to develop and hone clinical, interpersonal and leadership skills while learning to work with colleagues from other health disciplines. Medical students, nursing students, audiology students, occupational therapy students and many more worked side-by-side to achieve a common goal.

At the health fair, students worked under the supervision of attending physicians, nurses and faculty from Rush to provide basic health screenings for chronic diseases such as hypertension, asthma and diabetes. They also presented health education on nutrition and lifestyle habits, interactive events for children focusing on childhood obesity, and workshops on topics such as domestic violence. Local organizations that provide health care services to Chicago's impoverished and homeless populations were on site to schedule follow-up appointments for those who needed them. Services at the event included school physicals, immunizations, bone scans, audiology



screenings, ophthalmologic care (including glaucoma screenings), a memory clinic for older adults, developmental counseling, body mass index measurement, rapid HIV testing and mammograms.

For many students, the experience provided valuable insights into what they can expect once they get their degrees. "Working with students from the other colleges was great. These are the people I'm going to be working with for the rest of my career," says Eric Gantwerker, now a second year medical college student and one of the student leaders of RU Caring. "Understanding their professions gives me a greater appreciation for them, and it will help me be better at my job."

A YEAR OF HIGHLIGHTS FY2005

PROGRESS IN PATIENT CARE

New Coronary Bypass Procedure Helps Patients Recover Faster. In April 2005, cardiovascular surgeons at Rush began offering a new, minimally invasive approach to coronary bypass surgery. Traditional bypass surgery involves creating a bypass graft by harvesting a healthy blood vessel from the patient's leg, which requires a long incision that may stretch from ankle to groin. With a new procedure called endoscopic vessel harvesting, surgeons remove the same vein using only a one-inch incision. This smaller incision means less post-operative pain and less risk of complications, so patients can get back on their feet — and back to their lives — sooner.

The Power of Music. Researchers at Rush and the John H. Stroger Jr. Hospital of Cook County are studying the impact of mixing music and celebrity messages to improve asthma outcomes among the hard-to-reach population of low income, urban adolescents. Participants in this National Institutes of Health-funded study receive a wireless MP3 player loaded with popular music, music videos and videogames. Between the music and games, participants can hear messages from celebrities, such as rap artist Ludacris and Chicago White Sox slugger Carl Everett, encouraging teenagers to proactively manage their asthma.

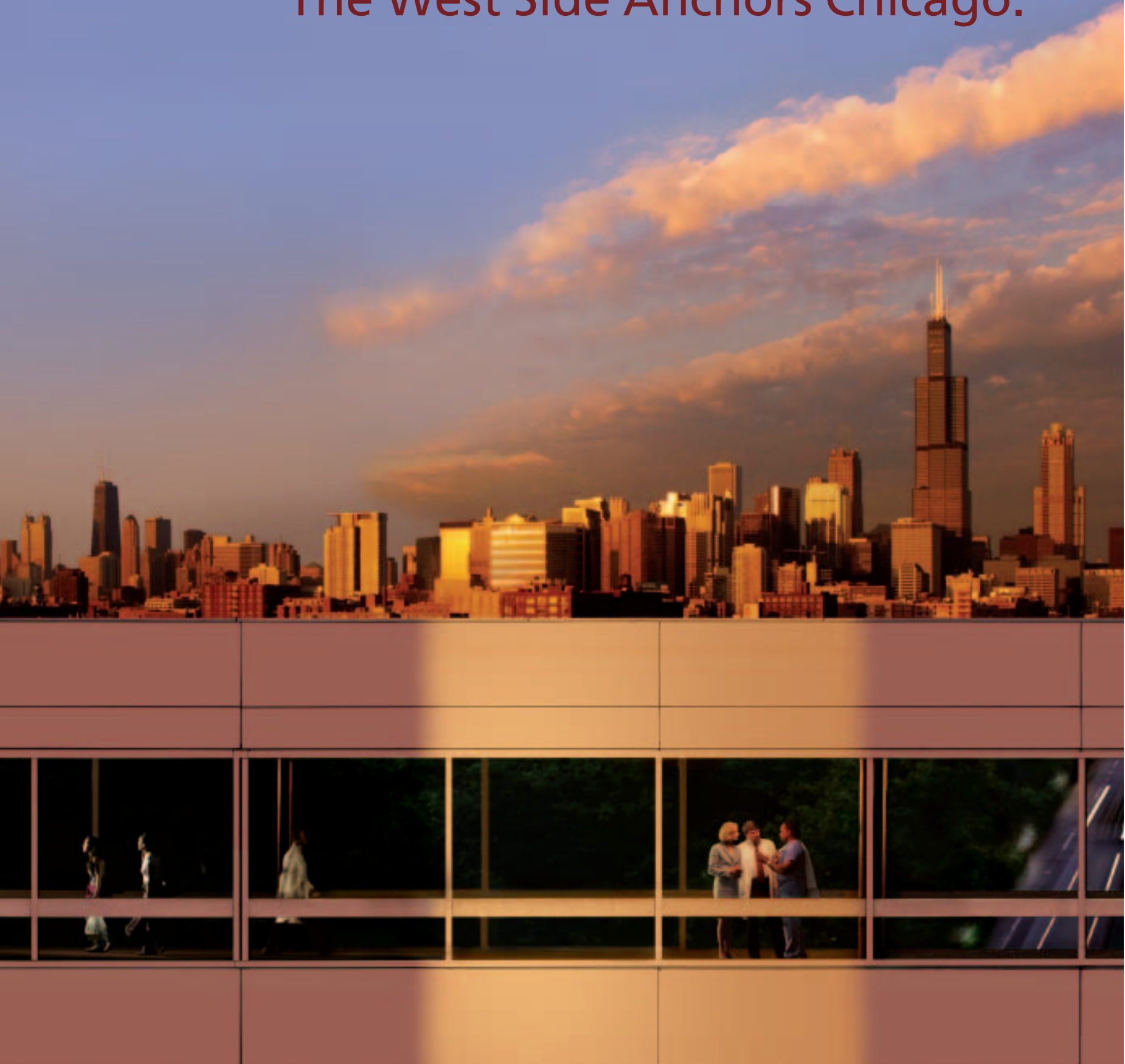
Joining Forces to Fight Ovarian Cancer. Gynecologic oncologists at Rush joined forces with Argonne National Laboratories in 2005 in the battle against ovarian cancer. Their goal: to pioneer the development of microscopic "nanodevices" that will be tested to see whether they are able to detect ovarian cancer earlier than ever before — because early diagnosis is the best defense against this "silent killer." Another groundbreaking study at Rush is looking at the use of ultrasound combined with contrast agents to detect cancerous and precancerous growths in the ovaries, a method that could provide a head start in diagnosis and, ultimately, treatment.

Bringing a Team Approach to Spine, Neck and Back Care. Rush opened the Spine and Back Center in spring 2005 to provide a comprehensive team approach to treating chronic and acute back pain. The center brings together neurological and orthopedic spine surgeons, physiatrists (specialists in physical medicine and rehabilitative care) and specially trained spine care nurses in one convenient location. Patients have access to surgical, non-surgical and noninvasive therapies to treat a full range of conditions, including disc degeneration, osteoporosis, spinal cord injuries, scoliosis and other spine deformities.

Center of Excellence for Huntington's Disease. Rush was one of four sites across the nation to be designated a regional Center of Excellence by the Huntington's Disease Society of America. This prestigious designation includes \$50,000 a year in funding to help support a multidisciplinary team of health care professionals with expertise in the movement disorder, Huntington's disease. The team will provide comprehensive medical and social services, as well as education, outreach and research opportunities to the Huntington's disease community.

RUSH IS CHICAGO.

The West Side Anchors Chicago.



WHEN RUSH BEGAN PLANS SOME 30 YEARS AGO FOR BUILDING WHAT IS NOW THE ATRIUM, RUSH LEADERSHIP NEVER QUESTIONED WHERE THE MEDICAL CENTER'S FUTURE WOULD BE. IT WAS ONLY A MATTER OF HOW TO ACHIEVE THEIR VISION.

Chicago's West Side has seen its share of challenges throughout the decades, perhaps most notably during the civil rights turmoil of the 1960s. In just a few days in 1968, more than 150 buildings were destroyed by violence that leveled whole blocks of West Madison and caused nearly \$10 million in damage.

Despite the turmoil, despite the fact that two medical centers left the West Side for the suburbs in the 60s, Rush stayed put.



A Changing Landscape

Today, the West Side is a different story altogether. A diverse community and the city have worked together to rejuvenate the neighborhood. The United Center — built in 1994 to replace the aging Chicago Stadium — consistently draws capacity crowds to the West Side and hosted the 1996 Democratic National Convention. The Illinois Medical District is thriving, with the 2002 opening of the John H. Stroger Jr. Hospital of Cook County, the 2004 opening of the American Red Cross headquarters and a new FBI building slated to open in the next few years.

And along the formerly devastated blocks of West Madison? Condos, popping up like daffodils in spring.

Thirty years later, Rush's leaders are as committed to the West Side as they were during its periods of turmoil. With its campus expansion plans, Rush University Medical Center is proud to invest more than \$800 million over the coming years in a part of the city in which it has continually invested since 1837.

But just as one neighborhood doesn't make a city, Rush's investments are not just about the West Side. They will set a new standard for health care not only for Chicago, but for Illinois and beyond. Over the next decade, Rush will work with architects to design and build a new kind of hospital. As part of a larger investment in the Illinois Medical District, Rush will renovate existing patient care facilities, including the Atrium Building and the Kellogg Pavilion, remove its oldest buildings and open a new orthopedics outpatient center.

Building Plans Around Patients

And it's not just about new buildings. It's about a new brand of medicine. "With our expansion, we will transform Rush's firmest belief — that patients and families come first — into physical reality," says Rush President and CEO Larry J. Goodman, MD.

To achieve this, Rush will be designed differently than any other hospital in Chicago: by locating services according to their function. It's a revolutionary

idea with potentially profound consequences. Take, for example, the case of a baby born prematurely or with other health issues: The first 20 minutes of life are critical. If time is lost transporting the baby to the neonatal intensive care unit (NICU), which is on a different floor in most hospitals, there's less time for life-saving or life-changing interventions.

With this opportunity to redesign the hospital, Rush will streamline services by placing labor and delivery next to the NICU, thereby elevating a patient's care simply through a location change. The same will apply for services throughout the hospital.

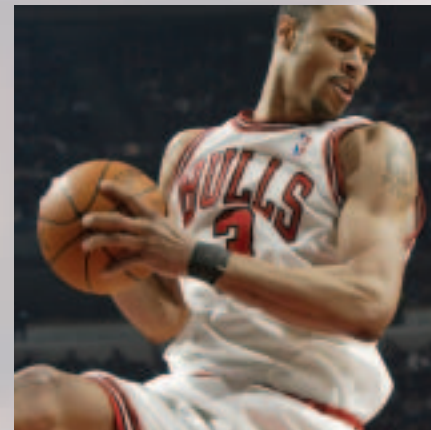
That's why the new Rush will include an expanded emergency room with twice the current capacity. The new ER, which will serve as a regional center for advanced emergency response, will allow Rush to treat mass casualties should a catastrophe hit the Chicago area. In fact, Rush and the John H. Stroger Hospital are Chicago's only designated bioterrorism preparedness Centers of Excellence.

A Vision for the Future

"Our vision is to be the medical center of choice in Chicago," says Goodman. "Thanks to the care we provide and the people who provide it, we are well on our way. Our new hospital will transform Rush into a national model for the next generation of care. It will transform the landscape of medicine in Chicago and beyond. And it will all be anchored right here on the West Side."

RUSH IS CHICAGO.

The Doctors at Rush Treas



"I trust my family — and my players —
to the doctors at Rush because they
treat us like we're family."

~ Chicago White Sox manager Ozzie Guillen

at Chicago Teams.



Kathleen Weber, MD
Charles Bush-Joseph, MD

IN 2005, THE WHITE SOX AND BULLS CAPTURED THE IMAGINATIONS AND HEARTS OF CHICAGOANS FROM THE SOUTH SIDE TO ROGERS PARK WITH THEIR GRITTY, DETERMINED STYLES OF PLAY.

Fielding a young, unproven roster, the upstart Bulls reached the playoffs for the first time since 1998. Six months later, after leading their division all season, the Sox steamrolled through the playoffs — losing just one game — and then swept the Houston Astros to win their first World Series since 1917.

Rush was there for every swing and swish. Sports medicine and internal medicine physicians attended all home and away games, working with team trainers to treat players, coaches and officials. Physicians at Rush also provided outstanding primary and specialty care for the Sox, the Bulls and their families.

Success is something Rush has in common with the teams it serves. In 2005, the orthopedics program at Rush was ranked #8 in the nation by *U.S. News & World Report* and was the highest rated program in Illinois. These rankings reflect Rush's long tradition of excellence. For decades, orthopedic specialists at Rush have been renowned in Chicago and around the world for their pioneering work in osteoarthritis, joint replacement, spine care, limb preservation, ligament repair and more.

With the introduction in 2005 of new innovations, such as a new artificial neck disc to treat degenerative disc disease and a biological patch for the repair of rotator cuff injuries, physicians at Rush continue to shape the present and future of orthopedic care — for pro athletes, weekend warriors and, yes, even couch potatoes.

RUSH IS CHICAGO.

Rush Serves Chicago Women.



(from left to right)
Sheila Dugan, MD
Dianne Chapman, ND, RN, ANP
Monica Peek, MD, MPH

FROM THE CITY'S FIRST COMPREHENSIVE BREAST CENTER TO THE FIRST FETAL AND NEONATAL MEDICINE PROGRAM OF ITS KIND, RUSH UNIVERSITY MEDICAL CENTER IS HOME TO MANY "FIRSTS" IN WOMEN'S HEALTH CARE IN CHICAGO. BUT IT TAKES MORE THAN BEING FIRST TO BE A GREAT HOSPITAL FOR WOMEN.

A comprehensive approach to women's medicine; clinical research that sheds light on women's health; experts who treat patients, not diseases — Chicago's women trust Rush for many reasons.

Sometimes that trust comes in the form of a physician who simply listens. Or someone scheduling a patient's many tests, to take one more burden off her shoulders and provide a reassuring voice on the other end of the telephone.

Since 1991, Dianne Chapman, ND, RN, ANP, has been that person, serving as the first point of contact for patients at the Rush Comprehensive Breast Center. In addition to being home to leading breast cancer researchers, what makes Rush's program special, she says, is its ability to put patients' minds at ease quickly.

"Usually, it takes several visits spread out over weeks for a patient to see all the doctors and collect all the relevant treatment information," Chapman says. "Here, in one day, she has a clear picture of her treatment plan."

Innovative Collaborations

Giving women the answers they need when they need them most is also the cornerstone of the new, first-of-its-kind in Chicago Rush Fetal and Neonatal Medicine Program, developed to streamline treatment for expectant parents whose children have been diagnosed with birth defects.

Each patient and her family is invited to a conference with a multidisciplinary team of specialists at Rush brought together specifically for her case. The conference gives the patient the opportunity to sit down with each doctor she'll



work with before, during and after her delivery and, with input, devise a plan of treatment.

"We want to empower our patients right from the start, to be their family while they're at Rush," says Robert Kimura, MD, a neonatologist who co-directs the program with perinatologist Jacques Abramowicz, MD, the Frances T. and Lester B. Knight Professor of Gynecologic Oncology.

"We want them to feel like they made the best decision in coming to Rush, and from what we hear back from their referring obstetricians, they do."

Expanding Knowledge of Women's Health

Rush isn't just serving as a leader in women's care today. Rush continues to play a lead role in developing women's health care for the future — and is getting help from thousands of Chicago women to do so.

Rush is currently one of 40 U.S. centers involved in the 15-year Women's Health Initiative (WHI) study, sponsored by the National Institutes of Health. The study explores ways to prevent the most common causes of death, disability and frailty in postmenopausal women — heart disease, breast and colorectal cancers and osteoporosis.

Comprising some 3,400 Chicago women — many of them part of the study since it began in 1991 — the Rush arm of the study stands out as one of just seven sites, and the only site in Chicago, focusing on minority women, with nearly 60 percent of enrollees minorities. Minority participation in these prevention studies has given investigators data

from women with a variety of lifestyles, allowing them to apply the results to all women.

The initiative has already made important findings about postmenopausal hormone therapy: Not only does it not protect women from developing heart disease, it may even increase their risk for stroke.

“The staff and women participating in this study are changing the way we provide care by at times overturning what we had thought was wisdom in disease prevention,” says Henry Black, MD, the Charles J. and Margaret Roberts Professor of Preventive Medicine. “They’re making a difference for their daughters and granddaughters, for future generations of Chicago women.”

Because studies like the WHI have revealed so much about the nature of heart disease in women, it only made sense for Rush to establish a cardiology program for women — Chicago’s first — in 2003. The Rush Heart Center for Women provides screening for heart disease and acute care, including nutrition consultations that emphasize the importance of a healthy diet for preventing heart disease, and focuses on symptoms and treatment specific to female patients.

“We’re committed to helping our patients every way we can, physically and emotionally,” says center director Annabelle Volgman, MD. “We work with them to figure out the best available strategies for preventing or managing the disease.”

Putting Problems in Context

Sometimes, women need to place trust in their doctors before they’ve even been diagnosed. A new program at Rush — again unique in Chicago — is built upon just that type of trust.

Having a pelvic or abdominal condition can be crippling. And the ongoing pain, sexual discomfort or incontinence that often accompanies them may be difficult for patients to discuss.

“Prior to coming to Rush, many patients either hesitate to talk about their problems or have not been given practical, concrete information,” says Sheila Dugan, MD, co-director of the Program for Abdominal and Pelvic Health at Rush. “They feel less stigmatized when they understand that their symptoms are quite common.”

The program brings together gynecologists, urogynecologists, urologists, colorectal surgeons, gastroenterologists, radiologists, a physical therapist, a physiatrist and a psychologist to address the problems that many patients have suffered with, silently, for years.

“We must be able to look at the big picture to address not only the pain or incontinence, but also to understand how it impairs a woman’s life,” Dugan says.

Changing Health Care in Chicago

For physicians at Rush, there is no such thing as an isolated symptom. Whether a woman suffers from chronic pain or cancer, women’s specialty services at Rush examine patients’ problems in the context of their lives. This comprehensive approach is raising the bar for women’s care. And when treatment for Chicago’s patients keeps getting better, so does the future of medicine.

Rush Internist Inspires Change

Poor African-American women have a higher breast cancer mortality rate than any other demographic in the United States. Rush internist Monica Peek, MD, MPH, says that all too often a lack of information comes between these women and necessary health care. So she decided to change that.

In 2003, Peek founded Sisters Working It Out ... Health Advocacy in Motion, a program that empowers current and former residents of Chicago’s Rockwell Gardens public housing complex to ensure their own breast health and to educate their neighbors to do the same. The 12-week training program arms these women with knowledge about a wide range of women’s health topics, including breast health, osteoporosis prevention, birth control, sexually transmitted diseases, heart disease, public speaking, community organizing and media relations. Sisters Working It Out continues to work with them as they embrace their new roles as community health educators and instruments for change in their community.

A YEAR OF HIGHLIGHTS FY2005

OFF THE PRESSES: RUSH RESEARCH

Is Forgetfulness a Normal Part of Aging? Mild cognitive impairment in older people is not a normal part of growing old. Instead, it appears to be an indicator of Alzheimer's disease or cerebral vascular disease, according to a study by the Rush Alzheimer's Disease Center published in a March 2005 issue of *Neurology*. "The study shows that mild cognitive impairment is often the earliest clinical manifestation of one or both of two common age-related neurologic diseases," says David A. Bennett, MD, the Robert C. Borwell Professor of Neurology and the principal author of the paper.

A Simple Screening for Pregnant Women Could Pay Off for Their Children.

Instituting a universal screening may prevent or help decrease the risk of serious health complications from

toxoplasmosis, according to a study co-authored by Kenneth Boyer, MD, the Woman's Board Professor of Pediatrics, which was published in February 2005 in the *American Journal of Obstetrics & Gynecology*. Toxoplasmosis is an infection that can develop when a pregnant woman is exposed to a parasite sometimes found in cat litter, undercooked meat and garden soil. Transmission of the parasite to newborn babies can lead to serious eye disease or brain damage later in childhood. Fortunately, treating infected women can prevent congenital infection, and treatment of an infected infant can improve future outcomes.

Education and Race Matter When it Comes to Weight. There are significant racial differences in the association between education level and weight change for middle-aged women, according to an article in *Archives of Internal Medicine* by Tené T. Lewis, PhD, a health psychologist at Rush, and her colleagues. The investigators found no differences in body mass index (BMI) in African-American and white women with a high school education or less. They did find, however, that BMI disparities between the races widen with increasing levels of education. This research was undertaken as part of the Study of Woman's Health Across the Nation, a multi-site longitudinal, epidemiological study designed to examine the health of women during their middle years.

Beta Blocker May Help Diabetic Patients With High Blood Pressure. According to a study published in November 2004 in the *Journal of the American Medical Association*, a medication commonly used to control high blood pressure — called carvedilol — does not raise blood sugar levels in diabetics who also have high blood pressure. "Physicians treating diabetic patients may want to consider the role that a newer beta-blocker such as carvedilol could play in managing certain cardiovascular risk factors and components of the metabolic syndrome," said George L. Bakris, MD, principal investigator of the study and director of the hypertension research center at Rush. "By improving these crucial risk factors, carvedilol could, theoretically, improve overall outcomes in this high-risk patient population." Beta blockers are effective at lowering high blood pressure, but many physicians have been reluctant to prescribe them to patients with diabetes because some beta-blockers have been shown to raise blood sugar levels in diabetics.

Financial Report

In fiscal year 2005, Rush University Medical Center achieved not only a significant improvement over the prior year's financial performance, it reported its highest net income in over a decade — more than \$30 million. Several factors were behind this and other impressive financial results. For the third year in a row, Rush's patient admissions grew. Management initiatives kept expense growth below that of revenue. The Medical Center also benefited from the Illinois Hospital Assessment Program's first Medicaid reimbursement increase in over a decade. Finally, a record-breaking philanthropic year and the performance of the Medical Center's investments contributed significantly to net income in FY2005 — income that will allow the Medical Center to reinvest in its facilities and programs in the crucial years ahead.

Patient care remains the core activity at Rush, both in size and in the support it provides to our charitable mission. Patient admissions to the Medical Center and to Rush Oak Park Hospital grew to 35,657, a 4.4 percent increase, while outpatient activity grew by more than five percent. Net patient revenue increased by \$72 million, or nine percent, including the additional Medicaid reimbursement noted above.

Rush also provided a significant amount of free and discounted care — \$31 million — to patients who do not have insurance or cannot otherwise afford the services we provide. In addition, even with the additional funds from Medicaid in FY2005, revenue from operations provided for \$17 million in care in excess of reimbursements received from Medicaid.

Education and research are integral parts of Rush's mission to provide the very best patient care, and the Medical Center continued to invest in those two important areas. Rush supported its medical residents and other educational activities of Rush University by providing support in excess of tuition and other reimbursement received. Research activities also continued to grow. Federal funds supported research expenditures of \$56 million, and \$12 million was received from pharmaceutical and other industry sources. In total, the Medical Center invested \$16.5 million of operating funds in excess of support from these outside sources to support education and research activities in FY2005 while philanthropic

sources provided an additional \$31 million in support of research and education.

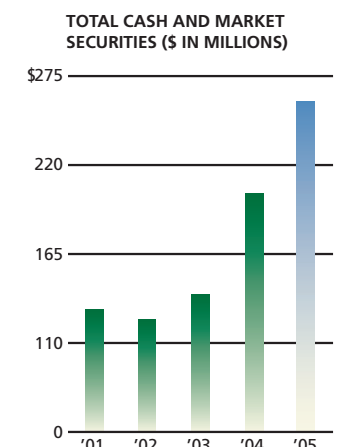
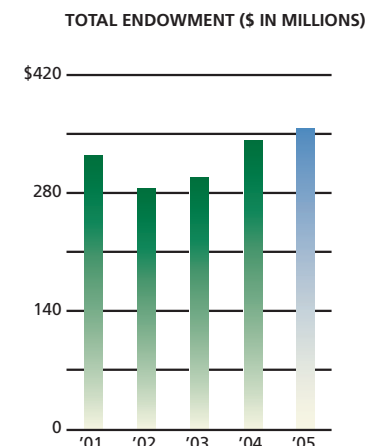
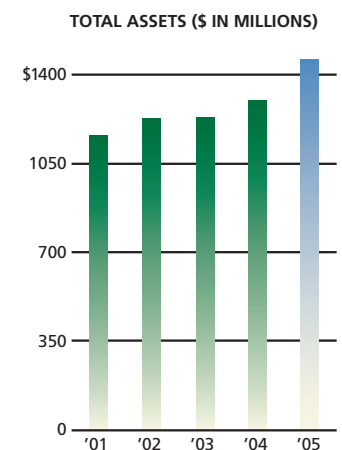
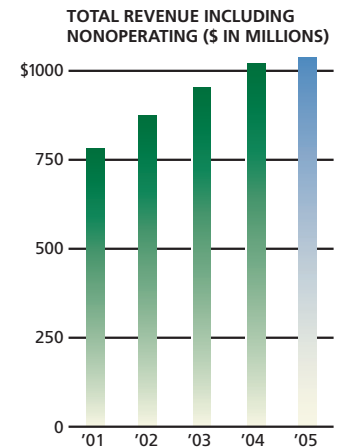
As noted, Philanthropy remains an important source of funding across Rush's mission. The Medical Center's capital campaign, launched in February 2004, raised \$102.1 million as of June 30, 2005. Of that, \$75.2 million came in during FY2005 alone. The campaign, along with support from operations and borrowed funds, will provide the resources that will allow us to transform Rush's campus over the next several years. Along with that new and renovated patient care space, the campaign will enhance education and research at Rush.

Investments are also a critical resource to the Medical Center, and the positive trend in investment performance continued in FY2005. Investment income grew by \$1.2 million, or 22 percent, due to an increase in cash and investment balances and returns on those investments. The value of the Medical Center's endowment grew to \$355 million, an increase of \$14.8 million, or 4.4 percent, due entirely to the improvement in investment returns. The assets of the pension trust grew by \$27.8 million on contributions of \$22.5 million and returns of 6.6 percent. The Medical Center also continued its focus on increasing liquidity, boosting unrestricted cash balances by \$82 million, to \$264 million, by June 30, 2005. This increase was realized despite the funding to the pension trust, \$30.3 million to the self-insured malpractice trust and \$40 million in capital expenditures; it was driven by continued attention to all aspects of cash management in the Medical Center.

At Rush, our mission of patient care, research, education and community service continues to drive all of our work. In 2005, we also developed a new vision: to be the medical center of choice in Chicago and one of the very best clinical centers in the nation. The successes we achieved in FY2005 — clinical, philanthropic and financial — were critical in helping us move toward that vision, and they have provided a sound base for our future plans.

Catherine A. Jacobson

Catherine A. Jacobson
Senior Vice President of Finance and Treasurer
Chief Financial Officer



Philanthropy and Extramural Support

This has been a landmark year across Rush University Medical Center — one of solid financial performance and extraordinary clinical achievement. On the philanthropic front as well, Rush and its supporters have truly raised the bar. Between July 1, 2004, and June 30, 2005 — the first full fiscal year of a \$300 million capital campaign that will launch publicly in 2006 — Rush received \$75.2 million in philanthropic support. Not only is that more than double the total for FY2004, it is the most that the Medical Center has ever received in a single year. On behalf of its patients and their families, Rush thanks the 4,447 individuals and families, 483 corporations, 68 foundations and 103 other organizations for the overwhelming generosity that made such a year possible. It is a clear endorsement of the Medical Center's bold vision and plans for the future.

Just as that vision and those plans will, with the help of the capital campaign, transform the entire Medical Center, this year's philanthropic support is having an impact throughout Rush and across its mission. In education, Ariel Capital Management, Exelon Corporation and the Harris Bank provided a total of \$675,000 in scholarship support for the students of Rush Medical College. Cancer research and care received helpful support, with \$350,000 from Bears Care — one of Rush's most dedicated supporters —

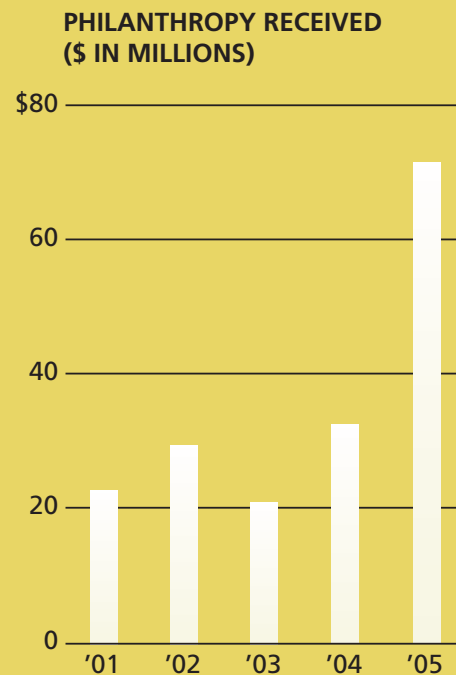
going to breast cancer research and \$100,000 from the Lasky Cancer Research Foundation to be directed to a new patient navigation system. And, of course, this was also the year of Mary Jo and John Boler's incredible gift (see page 21), which will transform how we provide care in the future.

Transforming — and improving — diagnosis and treatment is what Rush's research is all about, and in FY2005 that research received more than \$60 million in support from the National Institutes of Health and other external sources. These vital funds helped to both launch and continue investigations that will help define the next generation of health care. Overseeing Rush's research progress toward that future will be James W. Mulshine, MD. An internationally recognized expert in lung cancer research from the National Cancer Institute, Mulshine was recently appointed to the new position of vice president and associate provost for research at Rush.

For more information about giving to Rush, please contact the Office of Philanthropy at (312) 942-6830 or giving@rush.edu.

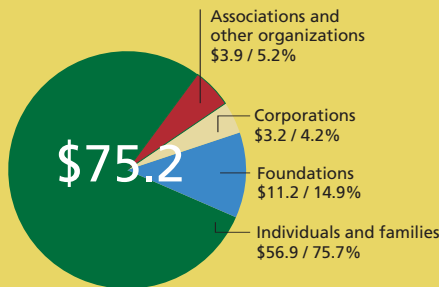
For more information about Rush research, contact the Office of Research Affairs at (312) 942-5498.

WITH MORE THAN
\$75 MILLION OF SUPPORT
COMING IN DURING
THE FIRST FULL FISCAL YEAR OF
RUSH'S \$300 MILLION CAPITAL
CAMPAIGN, FY2005 WAS
THE MEDICAL CENTER'S
MOST SUCCESSFUL
PHILANTHROPIC YEAR EVER.

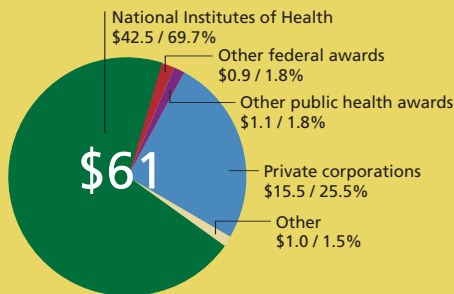


Vital Statistics

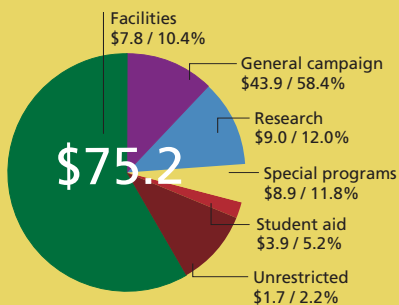
**GIFTS RECEIVED BY SOURCE
(\$ IN MILLIONS)**



**EXTERNAL RESEARCH AWARDS
BY SOURCE (\$ IN MILLIONS)**



**GIFTS RECEIVED BY PURPOSE
(\$ IN MILLIONS)**



RUSH IN BRIEF

Date founded	1837
Medical staff	909
Professional nursing staff	1,036
Residents and fellows	640
Employees	8,170
Staffed beds	

Rush University Medical Center	613
Johnston R. Bowman Health Center	61
Rush Oak Park Hospital	176

Births

Rush University Medical Center	2,106
Rush Oak Park Hospital	N/A

Admissions

Rush University Medical Center	30,963
Rush Oak Park Hospital	4,694

Average length of stay in days

Rush University Medical Center	5.7
Rush Oak Park Hospital	6.0

Patient days

Rush University Medical Center	176,803
Rush Oak Park Hospital	28,328

Operations performed

(inpatient and outpatient)	
Rush University Medical Center	19,055
Rush Surgicenter	5,073
Rush Oak Park Hospital	4,414

Emergency department visits

Rush University Medical Center	44,225
Rush Oak Park Hospital	17,232

PHILANTHROPIC AND EXTRAMURAL SUPPORT

Total philanthropic gifts

(in millions of dollars).	\$75.2
---------------------------	--------

Gifts received, by purpose

(in millions of dollars)	
Facilities	\$ 7.8
General campaign	\$43.9
Research	\$ 9.0
Special programs	\$ 8.9
Student aid	\$ 3.9
Unrestricted	\$ 1.7

Gifts received, by source

(in millions of dollars)	
Associations and other organizations	\$ 3.9
Corporations	\$ 3.2
Foundations	\$11.2
Individuals and families	\$56.9

Research awards

(in millions of dollars).	\$61.0
---------------------------	--------

Research awards, by source

(in millions of dollars)	
National Institutes of Health	\$42.5
Other federal awards	\$ 0.9
Other public health awards	\$ 1.1
Private corporations	\$15.5
Other	\$ 1.0

RUSH UNIVERSITY STUDENT BODY

Rush Medical College	511
College of Nursing	482
College of Health Sciences	326
The Graduate College	90
Unclassified students	42

ACADEMIC AFFILIATIONS

Beloit College
Benedictine University
Carleton College
Cornell College
Dominican University
Knox College
Lawrence University
Macalester College
Monmouth College
North Central College
Ripon College
Wheaton College

LICENSES

City of Chicago
Department of Public Health, State of Illinois

APPROVALS AND ACCREDITATIONS

Accreditation Council on Graduate Medical Education
Accreditation Council for Occupational Therapy Education
Association for Assessment and Accreditation of Laboratory Animal Care International
Association for Clinical Pastoral Education
College of American Pathologists
Commission on Accreditation of Allied Health Education Programs: Accreditation Committee on Perfusion Technology
Commission on Accreditation of Dietetic Education
Commission on Accreditation of Health Care Management Education
Commission for Accreditation of Rehabilitation Facilities
Commission on Collegiate Nursing Education
Council on Academic Accreditation in Audiology and Speech Language Pathology
Council on Accreditation of Educational Programs for Nurse Anesthesia
Department of Registration and Education, State of Illinois
Joint Commission on Accreditation of Healthcare Organizations
Liaison Committee on Medical Education
National Accrediting Agency for Clinical Laboratory Sciences
North Central Association of Colleges and Schools, Higher Learning Commission

MEMBERSHIPS

American Association of Colleges of Nursing
American Hospital Association
Association of American Medical Colleges
Association for Health Services Research
Association of Schools of Allied Health Professions
Association of University Programs in Health Administration
Federation of Independent Illinois Colleges and Universities
Illinois Hospital Association
Metropolitan Chicago Healthcare Council
University HealthSystems Consortium

RUSH IS CHICAGO.

John and Mary Jo Boler's Support Helps Rush Better Serve Chicago.

On May 5, 2005, Rush trustee John Boler and his wife, Mary Jo, did something incredible. They made the largest single gift to Rush in the institution's 168-year history. They also helped boost the Medical Center's \$300 million capital campaign past the \$100 million mark. But for the people who receive health care in Chicago, the Bolers did something even greater: They helped change the future of medicine. Their \$20 million gift will create the Mary Jo and John M. Boler Centers for Advanced Imaging, which will give health care providers at Rush access to the latest imaging technology available, from 64-slice spiral computed tomography (CT) scanners and more powerful magnetic resonance imaging equipment to machines that harness the unique capabilities of both CT and positron emission tomography.

"It's not simply the next, best picture," says Rush president and CEO Larry J. Goodman, MD, about what the centers will make possible. "It's new ways to diagnose disease and even to begin treating some diseases."

The impact of the centers will be felt throughout Rush and across specialties, with a primary imaging facility in Rush's new hospital and satellite locations in other crucial areas, including the new emergency department.

In cancer, imaging will replace invasive colonoscopies and could be used as a screening tool to detect lung cancer at its earliest and most treatable stages. The same images will also help radiation oncologists plan treatments to focus more energy on tumors while sparing healthy tissue and allow cancer surgeons to better map out their procedures. In neurology, the new tools will give health care providers at Rush an unprecedented view of the brain, helping them to precisely locate — and treat — the origin of problems such as epilepsy, Parkinson's disease and depression.

Some of the most dramatic effects of the new imaging technology will be felt in heart care. Just as interventional cardiology has, in recent years, laid claim to treatments that were once the sole domain of surgery, imaging will soon supplant catheterization as the essential, and completely noninvasive, diagnostic tool in cardiac care. This will be



Mary Jo and John Boler (left), the day their gift was announced, with Mikki and Larry Goodman, MD. John Boler is chairman of the Boler Company, a holding company that does business as Hendrickson International and is in the commercial heavy-duty vehicle market.

especially crucial in emergency cases. The source of a patient's acute chest pain can be diagnosed quickly and easily, and the right treatment can begin right away — whether it's for a pulmonary embolism, an aortic dissection (which killed actor John Ritter unexpectedly three years ago) or a heart attack. Seeing the technology in action was like one giant leap into the future for John Boler.

"I thought I'd just seen a science fiction movie," he says. "I just said, 'Wow, you can do all that with a machine? Let's get a lot of them'."

But it was more than just technology that impressed the Bolers — it was Rush.

"Rush really gave us a piece of their heart," says John of the care both he and Mary Jo have received at the Medical Center — he for a heart condition, she for cancer. "We believe in them, we want to help them and we want to be a part of their success."

Honor Roll

The following is a partial list of the individuals and organizations who made gifts to Rush between July 1, 2004, and June 30, 2005. We are extremely grateful to the many individuals, families, corporations and foundations who made gifts during this time and wish that space permitted a complete listing of our generous friends.

This year we are pleased to recognize those donors who are alumni of our various colleges. Directly following the names of our alumni, or in parentheses, you will find a school name abbreviation along with a graduation date. The abbreviations are as follows:

St. Luke’s — St. Luke’s Hospital School of Nursing (1885-1956)

Presbyterian — Presbyterian Hospital School of Nursing (1903-1956)

Pres-St. Luke’s — Presbyterian-St. Luke’s Hospital School of Nursing (1956-1968)

RCON — Rush University College of Nursing (1972-present)

RMC — Rush Medical College (1837-1942 and 1973-present)

CHS — College of Health Sciences (1978-present)

Every effort has been made to maintain accurate records. If your name is listed incorrectly or omitted, we apologize and kindly ask that you call the Office of Philanthropy at (312) 942-6830 and report the error so we may correct it in the future. Thank you.

LEADERSHIP GIFTS

The following donors are among the first to have contibuted to our campaign with generous gifts or pledges of \$1,000,000 or more through June 30, 2005.

- Anonymous (2)
- Affiliated Radiologists S.C.
- Edward McCormick Blair
- Mr. and Mrs. John M. Boler
- Lois and Ed Brennan
- Carylon Foundation
- The Crown Family
- Mr. and Mrs. Marshall Field
- Mr. and Mrs. Richard M. Jaffee
- Kay and Fred Krehbiel
- Chauncey and Marion D. McCormick Family Foundation - Abby O’Neil, Trustee
- McCormick Tribune Foundation
- Mr. and Mrs. James M. McMullan
- Midwest Orthopaedics at Rush LLC
- Mr. Richard M. Morrow
- Joan and Paul Rubschlager
- Mr.* and Mrs. Charles H. Shaw
- Mr. and Mrs. Richard L.Thomas
- Anthony D. Ivankovich, MD
University Anesthesiologists, SC
- Woman’s Board of
Rush University Medical Center

*deceased

INDIVIDUALS AND FAMILIES

The following individuals and families made gifts of \$2,000 or more during fiscal year 2005. All are members of either the Anchor Cross Society or the Benjamin Rush Society. The Anchor Cross Society consists of individuals and families who made a gift of \$2,000 or more to help the Medical Center meet its day-to-day needs while also building the foundation for the future of Rush and all of those it serves. The Benjamin Rush Society recognizes those who have made a gift of \$2,000 or more for use within Rush Medical College. We are grateful to all.

\$100,000+

- Anonymous (3)
- Ambassador Elizabeth F. Bagley and Smith Bagley
- Mr. and Mrs. Edward A. Brennan
- Mr. and Mrs. Jerome J. Cole
- Consolidated Anti-Aging Foundation
- Mr. and Mrs. E. David Coolidge III
- The Crown Family
- Mr. Robert F. Finke
- Mr. and Mrs. David W. Grainger
- Mr. Julius L. Hemmelstein
- Drs. Anthony and Olga Ivankovich
- Mr. and Mrs. Fred A. Krehbiel
- Holly and John Madigan
- Mr. Brooks McCormick
- Marcie H. Mervis
- Mr. Robert Onderdonk
- Abby O’Neil and D. Carroll Joynes
- Robert and Mayari Pritzker
- Mr. and Mrs. Burton Rosenberg
- Mr. and Mrs. Paul A. Rubschlager

- Harold B. and Denise G. Smith
- Mr. and Mrs. Richard L. Thomas

\$50,000 - \$99,999

- Anonymous (2)
- The Blossom Fund
- Mrs. DeWitt W. Buchanan, Jr.
- Mr. John C. Fogarty
- Ms. Sue L. Gin
- Mr. Robert Hixon Glore
- Dr. and Mrs. (RCON 1975) Larry J. Goodman
- Richard C. and Madeline J. Halpern
- Irving Harris Foundation
- Mr. and Mrs.* Richard T. Hough
- Mr. and Mrs. Richard M. Jaffee
- Mr. and Mrs. John P. Keller
- Amy and Don Lubin
- Mr. and Mrs. Steven Rayman
- Anthony A. Romeo, MD
- Mr. and Mrs. Gordon Segal
- Mr. Richard M. Seidel
- John and Mary Willis
- Mr. and Mrs. William W. Wirtz

\$25,000 - \$49,999

- Anonymous (2)
- Mr. Michael J. Alter
- Dr. and Mrs. Gunnar B. J. Andersson
- Bernard Bach, Jr., MD
- Mr. and Mrs. William G. Brown
- Mr. and Mrs. John H. Bryan
- Dr. and Mrs. Charles A. Bush-Joseph
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- Mr. and Mrs. Max Cooper
- Dr. and Mrs. (RCON 1978 and 1986) Thomas A. Deutsch, RMC 1979
- Dr. and Mrs. Jacob H. Fox
- Dr. and Mrs. Jorge O. Galante
- Mrs. Harriet Hausman
- Mr. Jeffrey A. Levitzet
- Mr. and Mrs. Thomas J. Mazzetta
- Mr. and Mrs. Roger Nelson
- Gregory P. Nicholson, MD

- Mr. Richard Parrillo, Sr.
- Mr. and Mrs. Richard S. Pepper
- Perry and Diane Pero
- John and Jeanne Rowe
- John M. Simpson Foundation
- Pam and Russ Strobel

\$10,000 - \$24,999

- Anonymous (4)
- Mr. and Mrs. Hall Adams, Jr.
- Mrs. John W. Allyn
- Kathleen G. Andreoli, DSN, RN, FAAN
- Mr. Robert Bobb
- Chuck and Lynn Brewer
- Mr. and Mrs. Dean L. Buntrock
- Mr. and Mrs. Peter C. B. Bynoe
- Mrs. John W. Clark
- Mr. and Mrs. Oscar O. D’Angelo
- Dr. and Mrs. Robert P. DeCresce
- Christine and Jack Edwards
- Mr. Andrew Fisher
- Mr. and Mrs. Cyrus F. Freidheim, Jr.
- Mrs. J. Wallace Frick
- Steven Gitelis, MD, RMC 1975
- Mr. and Mrs. Maurice Gross
- Mrs. Robert C. Gunness
- Mr. and Mrs. William K. Hall
- Russell and Katherine Hawken Foundation
- Ms. Christie Hefner and The Honorable William Marovitz
- Mrs. Arnold Horween, Jr.
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- Dr. Joshua J. and Mrs. Faye R. Jacobs
- Mr. and Mrs. Robert D. Jaffee
- William R. Kehoe, MD
- Mrs. Thomas A. Kelly
- Sherry and Alan Koppel
- Mr. and Mrs. John H. Krehbiel
- Mr. and Mrs. Robert Lawrence
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- Mr. and Mrs. Robert S. Morrison
- Mr. Richard M. Morrow
- Mrs. George V. Myers
- Mr. William B. Poff
- Mr. and Mrs. Evan M. Rayman
- Mrs. Merle Reskin

Mr. and Mrs. Robert F. Reusché
Mr. and Mrs. Thomas H. Roberts, Jr.
Mr. John W. Rogers, Jr.
Thomas A. and Georgina T. Russo
Michael and Cari Sacks
Stephen T. Sexton Memorial Foundation
Shaker Family Foundation
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Mr. and Mrs. Judd A. Weinberg
Mr. Burton Y. Weitzenfeld
Mr. and Mrs. Robert A. Wislow
Mr. and Mrs. Samuel Zell

\$5,000 - \$9,999

Howard S. An, MD
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Joan M. Hall and George J. Cotsirilos
Drs. Kim and Lucy Hammerberg
Mr. and Mrs. Robert L. Heidrick

Dr. and Mrs. Leo M. Henikoff
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Mr. James D. McKinney
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Betty and Ralph Smykal
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Carl W. Stern and Holly Hayes
Mr. Ralph Taylor
Jane and Jim Truettner
Marilou and Henry von Ferstel
Gary D. (RMC 1977) and Carol B. Waldman
Mr. Thomas J. Wilson and Ms. Jill M. Garling

\$2,000 - \$4,999

Anonymous (4)
Ross and Roxanne Abrams
Marilynn Alsdorf
Mary C. Anderson, MD, RMC 1992
Susan J. Anderson-Nelson, MD, RMC 1986
Gail and Alan * Anixter
Claresa F. M. Armstrong, MD
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Mr. and Mrs. Bruce A. Beda
Francis Beidler Foundation
Joseph P. Bernardini, MD, RMC 1975
Mr. and Mrs. Bowen Blair
Edward McCormick Blair
Nancy* and Bill Borland
Mr. Donald D. Boroian
Mr. and Mrs. Robert M. Brieschke
Helen Dick Bronson
Max and Mary Anne Brown
Mrs. R. Gordon (Rhoda G.) Brown, Presbyterian 1945
Anne B. Cardwell, MD, RMC 1993
Mr. and Mrs. Peter Roy Carney
Dr. and Mrs. Robert W. Carton
Rosalind D. Cartwright, PhD
James L. Cavanaugh, MD
Philip Charleson

Melody A. Cobleigh, MD, RMC 1976
Mrs. Robert H. Cohn
Steven M. Croft, MD, RMC 1977
Dr. Arnold (RMC 1973) and Mrs. Cara Curry
Mr. and Mrs. Donald B. Davidson
Dr. Harold E. Davis
Howard and Diane Dean
Mr. James L. Deming
Dr. and Mrs. William E. Deutsch
Mrs. Herbert C. DeYoung*
Catherine Anne Dimou, MD, FACP, RMC 1991
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Rebecca A. Dowling, PhD, RD
Mr. and Mrs. Reed H. Eberly
Mr. and Mrs. Bernard J. Echlin
Mrs. Mary Engelman
John C. Farrin, MD, JD, RMC 1978
Kim Fehir, MD, PhD, RMC 1978
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Mr. and Mrs. Larry Fields
Dr. and Mrs. Malachi J. Flanagan
Richard and Carol Fleisher
Ginny Foreman
Barbara L. Fuller, MD, RMC 1976
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Christina and Ron Gidwitz
Zora Singh Gill, MD, FACS
Dr. and Mrs. Arnold I. Goldberg
Mr. and Mrs. Marvin Goldsmith
Martin J. Gorbien, MD
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Mr. and Mrs. James P. Gorter
Mrs. John S. Graettinger
Ms. Marilyn L. Gresham
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Mr. Stan Sigman
Skyline Asset Management, LP
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Mr. and Mrs. Robert A. Southern
Dusan Stefoski, MD
Mr. and Mrs. Mayer Stern
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Mr. and Mrs. Philip W. K. Sweet, Jr.
Wayne M. Swenson, MD
Mrs. Marjorie H. Tanoue

*deceased

April Teitelbaum, MD,
RMC 1977
Mrs. William A. Thomas, Sr.*
Peter F. Thornton
Mary Kay Tobin, MD, RMC 1977
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Lauren and Jordan Topel
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and Timothy Alan VanFleet, MD,
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FACP, RMC 1983
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Betty Weiss
Mrs. William J. Weisz
Paul Werner, MD, RMC 1975
Mr. and Mrs. H. Blair White
Paul L. Winter, MD
Jeffrey Wishik, MD, JD,
RMC 1981
Lorraine R. Wolfe
(Mrs. James R.)
Janet Wolter, MD
Fuk Chun Alan Wong, MD,
RMC 1978
Mrs. George B. Young

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The following individuals have notified Rush that they have invested in the Medical Center's future through a provision in their will, trust, life income arrangement, retirement or other estate plan.

Anonymous (7)
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Mrs. L. W. Alberts
Marilynn Alsdorf
Mr. and Mrs. * Roger E. Anderson
Mrs. Mary Arkanian
William Arrott
Jane and Tom Arthur
Edward* and Marilyn* Delfs Barr
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RMC 1973
Edward McCormick Blair
Willie C. Blair, MD, RMC 1974
The Blossom Fund
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RMC 1936
Nancy* and Bill Borland
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Mrs. Robert C. Borwell, Sr.
James W. Braden, MD*
Luther W. Brady, MD
Lois and Ed Brennan
Irving E. Brown, Jr., MD,
RMC 1941
Mrs. Lois Grothman Brown,
Presbyterian 1946
Mrs. R. Gordon (Rhoda Grupe)
Brown, Presbyterian 1945
Sally Brozenec, RN, PhD,
RCON 1977
Pastora San Juan Cafferty

Lori M. Koke Castillo
Mr. and Mrs. H. Grant Clark, Jr.
W. "H." and Callie Anne Clark
Christopher W. Conavay, MD,
RMC 1979
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RMC 1986
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Michael H. Davidson, MD
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Dr. and Mrs. William E. Deutsch
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DeYoung*
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Dittmore, Pres-St. Luke's 1967
Paul Dorcic
Gary R. and Elsie M. Dorn
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Joseph N. DuCanto
Eileen Hastings Duncan
Drs. John and Kim M. Fehir,
RMC 1978
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Mr. and Mrs. Marshall Field
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Mrs. Rosalyn Finke
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Lenore ("Leafy") and John C.
Fogarty
William P. Frank, MD, RMC 1935
Dr. Ralph Friedlander, RMC 1938
Mr. Kurt Gasser
Michelle (RCON 1975) and
Larry Goodman
John D. Gottlick
Mrs. John S. Graettinger
Gregory M. Graves, MD,
RMC 1974
Catherine B. Grotelueschen,
MD, RMC 1980
Annette Raff Haag, MA, RN,
Pres-St. Luke's 1964
J. Brian Hancock, MD, FACEP,
RMC 1975
George H. Handy, MD, RMC 1942
Dr. and Mrs. William F. Hejna
Carolyn Wessel Helf, BSN, RN,
Presbyterian 1957 and RCON
1987
Frank R. Hendrickson, MD
Dr. and Mrs. Leo M. Henikoff
Mr. and Mrs. Patrick Henry
Miriam Hoover
Mr. and Mrs. J. Taylor Hurst
Dr. and Mrs. Arthur Dean Jabs, Jr.,
RMC 1984
Mr. and Mrs. Edgar D. Jannotta
Mr. Joseph C. Jarvis
Phillip J. Jezek
Dr. and Mrs. Louis C. Johnston
Richard L. and Beverly P. Joutras
Mrs. William G. Karnes
Mrs. Thomas A. Kelly
Lorraine E. Kenny, MS, RN,
RCON 1985
Esther Kirkel in memory of
Herman & Barbara Kirkel,
Alex, Sidney and Leo Kirkel
James Kirkpatrick
Mr. and Mrs. Herbert
Borwell Knight
Fred and Kay Krehbiel
Karen V. Lamb, Pres-St. Luke's
1967 and RCON 1982
Mrs. Seymour J. Layfer

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Robert H. Lehner, MD,
RMC 1941
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RMC 1978
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Diane McKeever and Eric Jensen
Nancy Lou Horrell McNamara,
Pres-St. Luke's 1960
Nan and Richard Melcher,
MD, FFAFP, RMC 1975
James E. Memmen, MD,
RMC 1981
Dorothy (St. Luke's 1956) and
Egon Menker
Shirley R. Mesirow
Ruth P. Taff Meyer,
Presbyterian 1953
Miss Martha J. Mills,
Pres-St. Luke's 1965
Bruce R. Monaco, MD, RMC
1974
Patricia Galloway Morley
Hamilton Moses III, MD,
RMC 1976
Bess and Arthur Nicholas
George A. Nicola, Jr., MD,
RMC 1979
Dagmara R. Veinbergs Nyman,
St. Luke's 1956
Mrs. Leo Perlow
Liza Marie Pilch, MD, FACEP,
RMC 1994
Irvin S. Pilger, MD, RMC 1940
Beatrice L. Pitcher, MD,
RMC 1976
Susan Margaret Poirier, BSN,
RCON 1977
Cynthia and David Polayes
Ann and Sydney Pond
Dorothy Scoville Prosser,
Presbyterian 1927
Mrs. Sheila Jacques Putzel
Elizabeth J. Redmond
Norman T. Redmond
Mr. and Mrs. Clyde W. Reighard
Mrs. Ward C. Rogers
Lisa Rosenberg, PhD, RN
Mr. James R. Russell
Robert A. Ryan, MD, RMC 1942
Lois and John Sachs
Leibert J. Sandars, MD, RMC
1941
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Mr. Robert W. Sessions*
Mr.* and Mrs. Charles H. Shaw
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Harold B. and Denise G. Smith
Mrs. Leonard Sorkin
Jim and Mary Staros, RMC 1934
Younger A. Staton, MD*
Gary Steinberg
Mr. and Mrs. S. Jay Stewart

Elizabeth Baker Stonecipher,
Pres-St. Luke's 1963
April Teitelbaum, MD (RMC 1977)
and Austin Bernstein
Bide and Mary Nell Thomas
Richard and Helen Thomas
Mrs. William A. Thomas, Sr.*
Mr. and Mrs. (Pres-St. Luke's
1961) Allan E. Thompson, Sr.
Mrs. Wanda L. Tiemann,
St. Luke's 1937
Dee L. Van Leeuwen
Mr. and Mrs. Henry von Ferstel
Marge and Jerome
Waldman, MD, RMC 1942
Mr. Ernest P. Waud III
Morrison and Anne Byron Waud
Robert Weber
Mr. and Mrs. F. F. Webster, Jr.
Edward J. Weiner, MD,
RMC 1973
Dr. and Mrs. Adolph Weinstock,
RMC 1938
JoAnn Wadley Weisberg
Gail S. Willson
Janice A. Comstock Wilson,
St. Luke's 1951
Leon and Jeanette Wirt
Mr. Arthur M. Wood, Sr.
Vicki J. Woodward and
John J. Glier
Dorothy E. Yates,
Presbyterian 1937
Jo Ann Young, Presbyterian 1953
Robert G. Zadylak, MD
Drs. Joan E. and Russ Zajtchuk

REALIZED BEQUESTS

The estates of the following individuals provided vital support to the Medical Center during fiscal year 2005, thereby perpetuating their impact on the people and programs of Rush.

Dr. Vincent Accardi, RMC 1934
Edward C. Becker
Richard P. Belkengren, MD
Mrs. John A. Bigler
W. Fred Bleck
Norman F. Clarke
Mrs. Angela T. Covolo
Mrs. R. Winfield Ellis
Mr. William R. Emery
Mrs. Julia Den Herder Gray,
Presbyterian 1937
Alice Mary Hunter,
RMC 1920
Mrs. Edwin Irons
Mrs. Mignon D. Jaicks
Elaine E. Kidd
Mr. John Laidlaw, Jr.
Hans W. Lawrence, MD,
RMC 1927
Mrs. Patricia Tobin Marshall,
Pres-St. Luke's 1968
Frank Nardulli
Frank H. Neukamp, MD,
RMC 1936
Mr. Orin Newton
Mrs. Anne Patchen
Agnes G. Rezler
Joseph E. Rich

Louise A. Schlundt
Miss Margaret H. Taylor
Lee D. Thompson, PhD
Mr. Frank G. Watson

DEFERRED GIFTS

The following individuals have made provisions for the Medical Center in their estate plans, in the form of a deferred gift, during fiscal year 2005.

Irving E. Brown, Jr., MD
RMC 1941
Mr. and Mrs. Herbert B. Knight
Elizabeth J. Redmond
Norman T. Redmond

CORPORATIONS, FOUNDATIONS AND ORGANIZATIONS

The following corporations, foundations and organizations made gifts of \$10,000 or more during fiscal year 2005.

\$100,000+

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Bears Care, a fund of the
McCormick Tribune Foundation
Brian Piccolo Cancer
Research Fund
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Doris Duke Charitable
Foundation
Exelon Corporation
Gavers Community Cancer
Foundation
George W. and Lessie K.
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Foundation, Inc.
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The Michael J. Fox
Foundation for Parkinson's
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at Rush LLC
Molex Incorporated
NFL Charities
O'Connor Foundation
Parkinson's Disease
Foundation, Inc.
The Robert Wood
Johnson Foundation
Smith & Nephew Endoscopy
University Anesthesiologists, SC
Woman's Board of Rush
University Medical Center
Zimmer, Inc.

\$50,000 - \$99,999

Anonymous
American Academy
of Nursing

*deceased

Block Electric Company, Inc.
Foundation
Campbell Foundation
CJ Foundation for SIDS
Harris Foundation
Herbert C. Wenske
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Illinois Children's Healthcare
Foundation
Medtronic Sofamor Danek
Open Society Institute
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AstraZeneca
The Berner Charitable and
Scholarship Foundation
CINN Medical Group
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Mesmer Foundation, Inc.
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Cell Therapeutics, Inc.
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The Chicago Community Trust
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(inside back cover)

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